



7/14/08

(11)

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

June 20, 2008

The Acton Beacon:

Atten: ACTON BEACON LEGAL REPRESENTATIVE

Please place the following two Legal **Notices** in the Thursday, July 3, 2008 edition of the Acton Beacon. *Please send bill to:*

Joseph Motzi
Bella Famiglia Inc.
Box 729
Westford, MA

978-692-1819

Very truly yours,
Christine M. Joyce
Town Manager's Office.

**Town of Acton
Notice of Hearing**

Notice is hereby given under Chapter 140 of the General Laws, that the Board of Selectmen will hold a hearing in The Francis Faulkner Hearing Room in the Acton Town Hall on July 14, at 9:00 P.M. on the application of Bella Famiglia, Inc., Joseph J. Motzi, Manager, for a Common Victualler License at 59 Great Road, Acton, MA.

ACTON BOARD OF SELECTMEN

**Town of Acton
Notice of Hearing**

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Hearing in the Acton Town Hall on July 14, at 9:10 P.M. on the application of Bella Famiglia, Joseph J. Motzi, Manager, for a All Alcoholic Beverage License as a Common Victualler at 59 Great Road, Acton, MA.

ACTON BOARD OF SELECTMEN

Town Manager's Office

INTERDEPARTMENTAL COMMUNICATION

June 20, 2008

From: *Christine Joyce, Town Manager's Office*

Subject: Full Liquor as Common Victualler – 59Great Road #1

Enclosed please find a copy of the application for a Full Liquor License and Common Victualler for Bella Famiglia, Inc. (former D'Angelo's Site).

The public hearing is scheduled for 9:00 and 9:10 p.m. on July 14, 2008.

{blankabc.Doc.}

Christine Joyce

From: Frank Widmayer
Sent: Thursday, July 10, 2008 4:05 PM
To: Christine Joyce
Subject: Full liquor as Common Victualler - 59 Great Road #1

I have reviewed the application submitted on behalf of Bella Famiglia, Inc. for a restaurant.

I recommend the issuance of these licenses by the Board of Selectmen.

Frank J. Widmayer III
Chief of Police
(978) 263-2911

7/11/2008

Christine Joyce

From: Robert Craig

Sent: Tuesday, July 08, 2008 10:36 AM

To: Christine Joyce

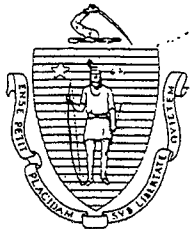
Subject: Full Liquor License and Common Victualler for Bella Famiglia, Inc., 59 Great Road #1

Christine:

Please be advised that I have no comments or objections to the issuance of these licenses.

Chief Craig

7/8/2008



The Commonwealth of Massachusetts
The Alcoholic Beverages Control Commission
239 Causeway Street, Suite 200
Boston, MA 02114

Telephone: 617-727-3040
FAX: 617-727-1258

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- X A. NEW LICENSE APPLICANT
_____ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
_____ C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME Bella Famiglia Inc
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER Joseph J. Motz
3. SOCIAL SECURITY NUMBER 5
4. HOME (STREET) ADDRESS 4 Revere St. HUNAROCK MA. 02047
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
DAY TIME # 978-692-1819 HOME# 978-502-6190
6. PLACE OF BIRTH: WALTHAM MA. 7. DATE OF BIRTH: 6/12/49
8. REGISTERED VOTER: X YES _____ NO 8A. WHERE?: Scituate MA.
9. ARE YOU A U. S. CITIZEN: X YES _____ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: Joseph A. Motzi 12. MOTHER'S MAIDEN NAME: Maria S. Schuth

13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:

____ YES X NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: X YES ____ NO
IF YES, PLEASE DESCRIBE:

40 years in Restaurant Industry
Manager Shenaton, Hilton, Harvard Club,
Colonial CC. & Chateau De Villes. Also Bartender
MASS STATE PRIVATE INVESTIGATOR OBSERVING RESTAURANTS & BARS.

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: X YES ____ NO

IF YES, PLEASE DESCRIBE: Will be owner of Bella Famiglia

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

Metropolitan Deli + Catering Co - owner
313 Littleton RD Westford MA. 01886
Inc. 1991 MA.

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 50 +

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: Joseph J. Motzi
PROPOSED MANAGER SIGNATURE

6/20/08
DATE

The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR RETAIL SALE

City/Town: Acton MA.

☒ New License ☐ Transfer of Stock ☐ Other _____
☐ Transfer of License ☐ New Officer/Director (Specify)

Name to appear on the License: <u>Bella Famiglia Inc.</u>	
Business Name (d/b/a), if different: _____	
Manager of Record: <u>Joseph J. Motzi</u>	FID of Licensee: _____
Address of Premises; Street: <u>59 Great Rd Acton MA.</u> Zip Code: <u>01720</u>	
Phone Number of Premises: <u>(978) 502-6190</u>	

2. Type of License: (check only one)

<input type="checkbox"/> Club	<input type="checkbox"/> Package Store	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> General On Premise	<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Other _____
<input type="checkbox"/> Innholder	<input type="checkbox"/> Tavern	(Specify)

3. License Category:

<input checked="" type="checkbox"/> All Alcoholic	<input type="checkbox"/> Wine and Malt
<input type="checkbox"/> Malt only	<input type="checkbox"/> Wine only
<input type="checkbox"/> Wine and Malt with Cordials Permit	

4. License Class: ☒ Annual ☐ Seasonal

5. Person (attorney if applicable) who can be contacted concerning this application:

Name: <u>Joseph J. Motzi</u>
Address: <u>4 Revere St Haverhill MA.</u>
Phone Number: <u>(978) 502-6190</u>

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

3023 Sq ft. Free standing Building with 3 Exits
Small outside patio fenced in.

6a.

Seating Capacity: <u>80</u>	Occupancy Number: _____
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7. Applicant is an: ☐ Association ☒ Corporation ☐ Individual
 ☐ Partnership ☐ Non-profit Corporation

8. If Applicant is an Individual or Partnership: List for Individual or each Partner.

Full Name	Home Address	D.O.B.	SSN

8a. Is Individual or are all Partners United States Citizens? ☒ Yes ☐ No
If no, specify citizenship: _____

8b. Is Individual or are all Partners involved at least twenty-one years old? ☒ Yes ☐ No

9. If the Applicant is a Corporation, complete the following:

State of Incorporation: <u>MA.</u>	Date of Incorporation: <u>6/18/08</u>
Fiscal Year Ends: <u>Dec. 31, 2008</u>	Date qualified to do business in MA: <u>6/18/08</u>

9a. How many Shares of Stock are authorized? 275,000 How many Shares of Stock are issued? 100,000

Provide in the box below the names of all Officers, Directors, Stockholders and Manager.

Use * to indicate Director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of Stock Owned or Controlled
President	Joseph J. Motz	4 Revere St Hingham MA	6/12/4		
Treasurer	"	"			
Secretary	"	"			
Director	"	"			

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the Applicant is a Corporation, answer the following questions:

- Are the Majority of Directors United States Citizens? ☒ Yes ☐ No
- Are the Majority of Directors Citizens of Massachusetts? ☒ Yes ☐ No
- Is the Manager or Principal Representative a U.S. Citizen? ☒ Yes ☐ No

10. If the Applicant is an Association, provide in the box below the names of all Association Officers and Members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license? ☒ Yes ☐ No
(If yes, complete a, b, c, and d)

- Give an exact description of the construction, remodeling, redecorating or building on the premises: SMALL UNDER 500' Addition, patio, New septic system & Interior will be renovated.
- What are the estimated costs? 300,000.00
- What is the construction schedule? Done By Sept 2008
- State all sources of construction financing: Middlesex Savings Bank

12. Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

- ☐ As an individual ☐ Jointly _____ Name of Realty Trust
 _____ Name of Corporation
☐ Other _____ (specify)

(If you do not own the premises to be licensed, provide the following information about the Owner.)

Name: <u>Mersereau Family Partnership</u>	Phone Number: <u>(978) 621-4960</u>
Address: <u>91 MARTIN PONDS RD GROTON MA. 01450</u>	

12a. If a lease or rental, provide the following information: \$ _____ per _____ (month, year, etc.)

Beginning Date of Lease 8/1/08 Ending Date of Lease 8/1/13 + 2-5 yr. options
(provide a copy of the lease.)

FINANCIAL

13. What Assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$	License: \$	Premise: \$

13a.

Total Purchase Price: \$

Identify in the box below all sources of financing:

13b.

Mortgage: \$	Seller: \$
Cash: \$	Other (specify): \$ 300,000

Document all sources e.g., (Loan papers, checking accounts, stock sales, etc.) FROM MANAGER - MANAGERS BUSINESS

13c.

All other terms and conditions:
(provide purchase and sale documents)

13d. Are you seeking approval for License to be pledged? ☐ Yes ☒ No

If yes, to whom?

13e. Will the Inventory be pledged? ☐ Yes ☒ No

If yes, specify to whom

13f. If a Corporation, are you seeking approval for any Corporate Stock to be pledged? ☐ Yes ☒ No

If yes, identify to whom and identify the number of shares to be pledged.

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	D.O.B.
Joseph J Motz	4 Revere St. HUNTER ROCK MA 02047	6/12/69

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest
Joseph J Motz	OWNER

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

☐ Yes ☒ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☒ Yes ☐ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered
Joseph J. Motz	Beer Wine	Gourmet Express ONE Village Sq. Chelmsford MA.	12/17/91

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the License was Terminated
12/17/91	Beer Wine	NON RENEWAL BUSINESS CLOSED

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☐ Yes ☐ No (If yes, provide the following information):

Date	License	Reason why the License was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☐ Yes ☐ No (If yes, attach a statement of details.)

15. a. Each Individual Applicant must sign.
b. Applications by a Partnership must be signed by a majority of the partners.
c. Applications by a Corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
d. Applications by an Association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this 20th day of JUNE, 2008

By: Signature of Full Name

Joseph J. Motz

Title

President

POLICIES AND PROCEDURES CUSTOMER SERVICE/EMPLOYEE RESPONSIBILITIES

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in the following policy, which lead to accident, injury of material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any person who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the only acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validity by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged)
- e. Look at composition of ID (does it confirm to ID Book)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with the Customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from High School
- c. Astrological sign
- d. Social Security Number

If you still have reservations, request a second form of ID

IF YOU STILL HAVE DOUBTS, Don't Serve!!

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow under age persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure they are not being served by others.

3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being over talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying dropping belongings or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handled the situation, and the actions of the customer (**forms attached to this document**).

Employee Name

Date

I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these procedures for my own records.

Employee signature

Date

Manager Signature

Date

Forms Attached to this policy:

Refusal of Service Report
Shut-Off Report

3/11/08

REFUSAL OF SERVICE REPORT

This report is to be used **ONLY** when a person comes into the establishment and you refuse to serve them any alcohol. This is not a shut-off report.

LOCATION: _____ **DATE:** _____
Report written by: _____ **TIME:** _____
Name of Patron: _____
Address of patron: _____
Description/Observation of patron: **Height:** _____ **Weight:** _____
Clothing worn by patron: **Check off if known**
Shirt type: Long sleeve _____ Short sleeve _____ **Color of shirt** _____ **Type of shirt** _____
i.e.) dress shirt, polo shirt, tee shirt, blouse _____
Pants type: Long _____ Shorts _____ Capri's _____ Other _____
Color of pants: _____ **Belt worn?** Y ___ N ___ Unknown ___
Socks and shoes if known: _____
Condition of clothes: (please check) disorderly _____ soiled _____ orderly _____ torn _____
Breath (alcohol odor) strong _____ Moderate _____ Faint _____ None _____
Attitude: polite _____ hilarious _____ talkative _____ carefree _____ sleepy _____ cocky _____
combative _____ indifferent _____ insulting _____ [profane _____ cooperative _____ Other _____
Unusual action: Belching _____ Vomiting _____ Fighting _____ Crying _____ Laughing _____
hiccupping _____ Other _____
Speech: Not understandable _____ mumbled _____ slurred _____ confused _____ thick-tongued _____
_____ accent _____ understandable _____ Other _____
Eyes: bloodshot _____ watery _____ glassy _____ fine _____ other _____
Complexion: flushed _____ pale _____ other _____

Indicate other unusual actions or statements, including when they were first observed:

STEPS TAKEN:

Patron's actions & comments on steps taken:

Refused the sale of alcohol _____
Offered non-alcoholic beverage _____
Offered food _____
Offered to call another party _____
Suggested /called a cab _____
Was patron alone? _____ Did the patron drive? _____

The facts recorded above are true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____
Print Name: _____
Supervisor signature: _____ **Date:** _____
Print Name: _____

Date:

Name of customer

Time of the day/night customer came into establishment

Time of shut-off

Reason for shut-off:

Steps taken:

Manager notified:

Signed: _____ **Date:** _____

Print name:

Manager on duty: